Name in Full A. Adams

Certificate of Death

Died at Mt. Hmans (Town) Balto. (County) MARYLAND

Date 189 8 Month 12 Day 26 Age Y. 70 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 0

~~Husband~~ Wife of Joseph Adams

Father's Name Mother's Name

Cause of Death { Primary Old age

Immediate 141

How long sick

Accident, Suicide, Homicide

Reported by Maryland Journal 12-31

Address

Must be signed by physician, if any in attendance, otherwise b[illegible] roner, undertaker or minister.

LIBRARY BUREAU, 65968

No. 1234.]

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of

Health Department, City of Baltimore,

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* filled out to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec 26/98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Magenta Ann Hebron

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.} .....

Age, 74 *Years,* 8 *Months,* ..... *Days.*

Color, mulatto

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} .....

Occupation, Farm Worker

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 63 years

Place of Death, {Give Street and Number.} 9 Warner St Monument

Cause of Death, First (Primary), ...

Second (Immediate), Senile Atrophy

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Dec 28

Undertaker, Jno Jenkins

Place of Business, Gardenville

E. Buchanan *M.D.,*
Medical Attendant.

Address, 411 N. Wolfe St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

auses of

Enumerated Below.

RIS. Death.

ER. SPINAL ENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Johann D Addicks

Certificate of Death

Died at Town Conton County Balto MARYLAND

Date 1898 Month Dec Day 28 | Age Y. 58 M. D. | Native of Germany | Occupation Steradore Foreman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living 3

Husband / Wife of Catharine Addicks

Father's Name

Mother's Name

Cause of Death: Primary La Grippe — Immediate

How long sick 8 days

Accident, Suicide, Homicide

Reported by C. N. Athey, M.D.

Address 2. Hudson St Lt.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full Chas. F. Andreae

Certificate of Death

Died at Town St Denis County Baltimore MARYLAND

Date 1898 Month December Day 19 Age Y. 44 M. 1 D. 23 Native of Maryland Occupation Carpenter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Amelia Andreae

Father's Name Theodore Andreae Mother's Name Christiana D. Andreae

Cause of Death Primary Acute lobar pneumonia - How long sick 5 days

Immediate Heart failure, Carbonic acid poisoning ~~Accident, Suicide, Homicide~~

Reported by W. R. Earecksson

Address Elk Ridge -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Certificate of Death

Cornelius Barrett

Died at Town: Sparrow's Point County: Baltimore MARYLAND

Date 1898 Month: 12- Day: 3- | Age Y.: 32- M.: — D.: — Native of: Virginia Occupation: Laborer

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living one

Husband / Wife of: Esther Barrett of Scottsville Albemarle Co. Va.

Father's Name: Charles Barrett Mother's Name: Patsey Barrett

Cause of Death — Primary: 152a How long sick: Immediate death

Immediate: Electric Shock

Accident, ~~Suicide~~, ~~Homicide~~

Reported by: Charles T. Owings. J.P.

Address: Sparrow's Point Baltimore County. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Mrs. Bastic

Certificate of Death

Died at Town Franklinville County Baltimore MARYLAND

Date 189 8 Month 12 Day 23 Age Y. 36 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Pneumonia 72 How long sick 2 or 3 weeks

Immediate Accident, Suicide, Homicide

Reported by Charles Bagley M.D.

Address Bagley P.O. Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full — Catharine Knoblock Buckmyer — Certificate of Death

Died at — Town: Old York Road — County: Baltimore — MARYLAND

Date 189 — Month: 12 — Day: 11 — Age: Y. 77 M. D. — Native of — Occupation

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living

~~Husband~~ / Wife of Wm. L. Buckmyer

Father's Name — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Md. Journal Exam'r

Address [redacted] 12-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700

Name in Full Conrad Bolte

Certificate of Death

Died at Town Harrisonville County Balto. MARYLAND

Date 1898 Month 12 Day 14 | Age Y. 76 M. 10 D. 22 | Native of Germany | Occupation Mason

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower Divorced Number of children living 7/-

Husband ~~Wife~~ of Frederica Bolte Dec.

Father's Name Mother's Name

Cause of Death: Primary Pneumonia & Nephritis | How long sick 13 days

Immediate Uraemic Coma | Accident, Suicide, Homicide

Reported by Jno. Bolte Mtg.

Address Harrisonville Balto. Co

Must be signed by physician, if any in attendance, otherwise by [illegible]ner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mary Bossam

Died at Town: Armacost County: Baltimore MARYLAND

Date 1898 Month: Dec. Day: 12 | Age Y.: 84 M.: 1 D.: 3 | Native of: Maryland | Occupation: Housewife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 9

~~Husband~~ Wife of Abraham Bossam

Father's Name George Storms Mother's Name Catharine Stormes

Cause of Death: Primary Organic Heart Trouble; Immediate Collapse, Dyspnoea | How long sick 9 months ~~Accident, Suicide, Homicide~~

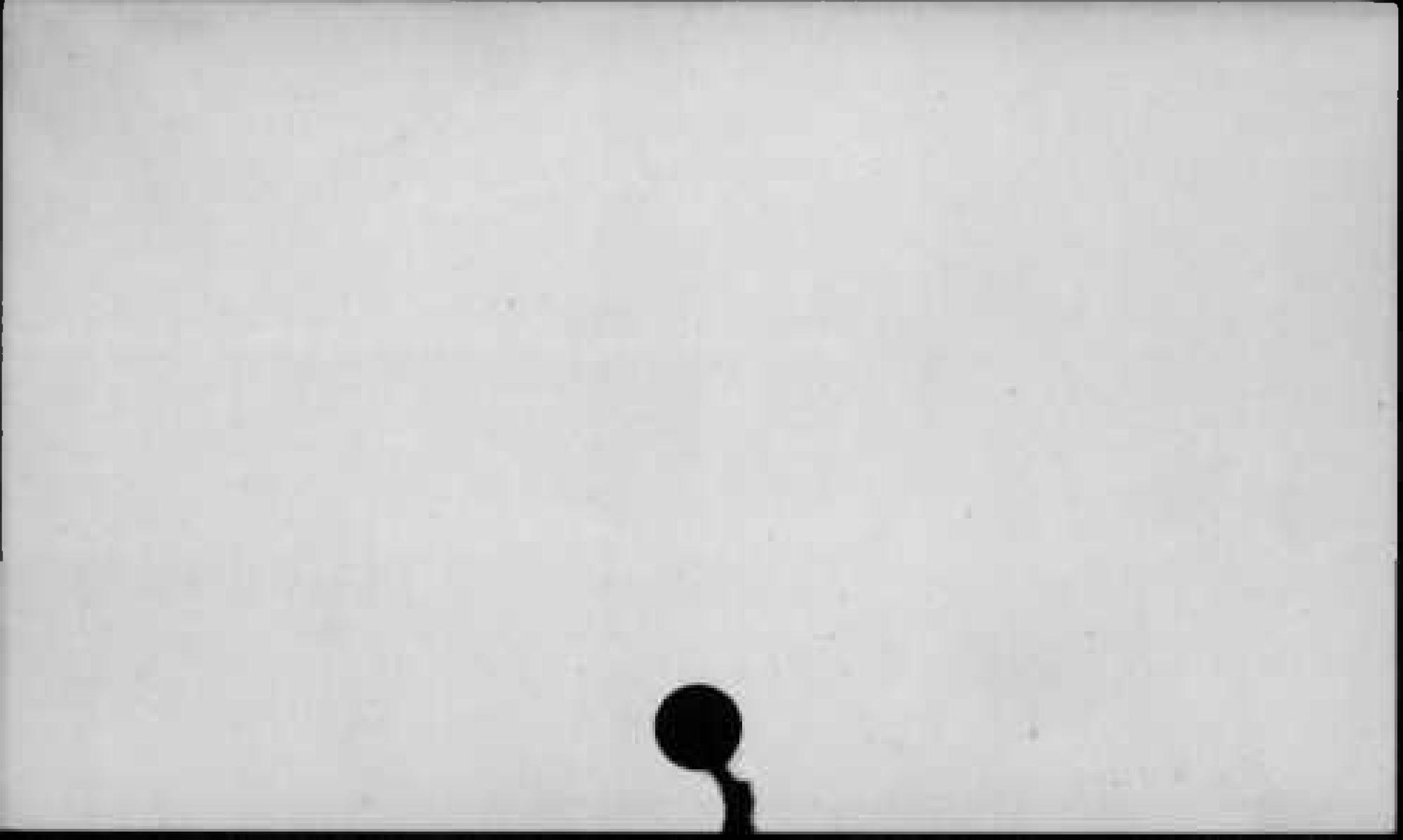
Reported by A. R. Mitchell, MD

Address Hereford Balto, Co Md.

Filed 1908

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name In Full

Maud Lee Bowers

Certificate of Death

Died at or near Town: Alberton County: Baltimore MARYLAND

Date 1898	Month	Day	Age Y.	M.	D.	Native of	Occupation
	Dec.	10	0	11	23	Md	

~~Male~~ Female | White | Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of / Wife

Father's Name: Jesse L. Bowers

Mother's Name: Emily Jane Upton,

Cause of Death — Primary: Pneumonia 72 — How long sick: 4 days

Immediate: Convulsions, Cerebral Congestion

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr. Wm. B. Gambrill

Address Alberton, Howard Co., Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79855

Name in Full | Certificate of Death

Jas. F. Brown

Died at Town Pikesville County Balto MARYLAND

Date 1898 Month Dec. Day 27 | Age Y. 57. M. — D. — | Native of Md. | Occupation Old Soldier

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 1

Husband ~~Wife~~ of Do not know

Father's Name " " | Mother's Name Do not Know

Cause of Death: Primary 44 | How long sick

Immediate Paralysis | ~~Accident, Suicide, Homicide~~

Reported by J. H. Kraft Undertaker

Address Pikesville Md.

Must be signed by physician, if any in attendance, otherwise [illegible] oroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr. Certificate filed with
Health Board

"

Name in Full James Brown

Certificate of Death

Died at Town Pikesville County Bach MARYLAND

Date 1891 Month Dec Day 27 Age Y. M. D. — Native of — Occupation —

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife —

Father's Name — Mother's Name —

Cause of Death Primary Paraesis 44 How long sick

Immediate Exhaustion Accident, Suicide, Homicide

Reported by W. P. E. Mason

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Nicholas A. Bull — Certificate of Death

Died at — Town — Arlington — County — Baltimore — MARYLAND

Date 189 8 — Month 12 — Day 7 — Age Y. 71 M. D. — Native of Md. — Occupation

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / Widower — Divorced — Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary — Apoplexy — 42 — How long sick 6 hours

Immediate

Accident, Suicide, Homicide

Reported by — Edwin E. Jones M.D.

Address — Arlington, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Charles Nicollas Burk.

Died at Town: Lockraven County: Batt County MARYLAND

Date 189 8 Month: Dec Day: 7 | Age ~~Y.~~ M. 4 ~~D.~~ | Native of Maryland. Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Eugine Burk. Mother's Name: Mollie Burk

Cause of Death: Primary Pneumonia 72 | How long sick 6 days

~~Immediate~~ | ~~Accident, Suicide, Homicide~~

Reported by John Brims 7 Sons.

Address Towson Batt Co.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65969

Attended by Dr. Whiteford,
of Hartford Road.

~~Seen by Coroner~~
~~of~~

Information contained in this certificate received from Judge Burke
of Towson Bath Co,

Name in Full Mary A Burroughs

Certificate of Death

Died at Town Chases County Baltimore Co. MARYLAND

Date 1898 Month Dec Day 15 Age Y. 5 M. 2 D. Native of Occupation Housework

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of William Burroughs

Father's Name John Crouch Mother's Name Rebecca Crouch

Cause of Death Primary Heart How long sick 2 months

Immediate Heart Clot ~~Accident, Suicide, Homicide~~

Reported by B Heuselinger

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Robert Buchmeyer

Town

County

Died at Pikesville Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	~~Occupation~~
Date 1898 12.	4th	Age ~~3~~		2	Maryland	

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband / Wife of X

Father's Name Henry Buchmeyer

Mother's Name Bertha Buchmeyer

Cause of Death — Primary 74

Immediate Congestion of Lungs

How long sick 2 days

Accident, Suicide, Homicide

Reported by H Louis Mayer

Address Pikesville Balt Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F5868

Name in Full

Mrs A Butke

Certificate of Death

Died at Town Canton County Balto MARYLAND

Date 1898 Month Dec Day 14 | Age Y. 59 M. D. | Native of Germany | Occupation —

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Chas Butke

Father's Name — Mother's Name —

Cause of Death: Primary Apoplexy — How long sick 1 day —

Immediate

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C H Athey M.D.

Address 2 Hudson St Ext.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66068

Name in Full | Certificate of Death

Mary A Constantine

Died at Town: Glyndon County: Balto Co MARYLAND

Date 1898 Month: Dec Day: 24 | Age Y. 60 M. D. | Native of — | Occupation: Housekeeper

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Jno Constantine

Father's Name X Mother's Name X

Cause of Death: Primary Tuberculosis 22a | How long sick: Two years

Immediate | Accident, Suicide, Homicide

Reported by T Rave Pence M D

Address Glyndon

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full no 4467 Severance Coffin

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 1898 Month Dec. Day 11 Age Y. — M. — D. 1 Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Roscoe L Coffin Mother's Name Mary L Coffin

Cause of Death Primary Premature Birth 138 How long sick 8 hours

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Dr C L Mallfeldt

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Sarah Jane Cole

Certificate of Death

Died at Town Mt Gilboa County Balto. MARYLAND

Date 1898. Month Dec Day 10 | Age Y. 45 M. 7 D. 4 | Native of Md | Occupation Cook

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Allen Cole

Mother's Name Mary Jane Cole

Cause of Death: Primary Traumatic Tetanus 50 | How long sick 4 days

Immediate Asphyxia. | Accident, Suicide, Homicide

Reported by Dr C L Mallfeldt

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Edward Comegys

Died at Town Arlington Asc. County Baltimore MARYLAND

Date 189 8 Month 12 Day 5 | Age Y. 70 M. D. | Native of Md. | Occupation Moulder

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 4

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary Pneumonia 72 | How long sick 10 das.

Immediate Embolism | Accident, Suicide, Homicide

Reported by Purnell F. Lappington, M.D.

Address Tovanstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

The undertaker was _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full: William Curran

Certificate of Death

Died at: St Agnes Hospital (Town) Balto. (County) MARYLAND

Date 1898 Month 12 Day 24 | Age Y. 62 M. D. | Native of England | Occupation Soldier

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Emphysema 76 | How long sick 3 mo.

Immediate Asthenia | Accident, Suicide, Homicide

Reported by Henry C. Ohle

Address 1203 W. Fayette St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full — Dante

Certificate of Death

Died at Town: Catonsville County: Balto. MARYLAND

Date 189 8 Month: 12 Day: 31 | Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White | ~~Colored~~ | Married | Single | Widow | Widower | Divorced | Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary

Immediate: Stillborn

How long sick

Accident, Suicide, Homicide

Reported by Dr. H. L. Mattfeldt

Address Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 76658

Name in Full

Certificate of Death

Mary Anna Darling

Died at Town Lauraville County Baltimore County MARYLAND

Date 189 8 Month Dec Day 29 | Age Y. 88 M. x D. x | Native of Pencylvania | Occupation None

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living None

~~Husband~~ ~~Wife~~ of Isaac Darling

Father's Name Dont know

Mother's Name Dont know

Cause of Death: Primary Bronchial Pneumonia 71 — How long sick Two weeks

Immediate Exhaustion — Accident, Suicide, Homicide

Reported by E. Galbraith Darling M. D.

Address Lauraville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Kate Dennis

Certificate of Death

Died at Town Sr. George Ave. County Baltimore MARYLAND

Date 189 8 Month 12 Day 7 Age Y. 49 M. D. Native of Penna. Occupation

~~Male~~ White Married ~~Widow~~ Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death Primary Acute Tuberculosis How long sick 5 days.

Immediate Exhaustion & Inanition Accident, Suicide, Homicide

Reported by Dr. Purnell F. Sappington

Address Govanstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

M. Gertrude Dimond

Died at Mr. Hope Retreat Town County Baltimore MARYLAND

Date 189 8 Month 12 Day -2 Age Y. 44 M. D. Native of Penna. Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 46

Cause of Death Primary Melancholia How long sick

Immediate Exhaustion & Pul. congestion (Hypostatic) Accident, Suicide, Homicide

Reported by

Address Frank J. Flannery M.D. Mr. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

The undertaker was_____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

No. A

...ial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back o...

...Health Department, City of Baltim...

Permit No. A 4458 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 7. 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Annie Dolan

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 8 *Years,* 0 *Months,* 0 *Days.*

Color, White

~~*Married*~~*, Single,* ~~*Widow or Widower,*~~ {~~Cross out the words not~~ required in this line.}

Occupation, None

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Wilmington, Del.

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 206 S. 1st St. Batto Co Md

Cause of Death, First (Primary), Dropsy (Cardiac)

Second (Immediate), Asthenia

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem.

Date of Burial, Dec. 9th 98

Undertaker, Germanno Frame A. J. Sacier M.D., Medical Attendant.

Place of Business, Bank & Wolf St. *Address,* 30 & 20 O'Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Additional Information is Requested [illegible]

Enumerated Below.

...M—Mode of Death.

SPINAL MENINGITIS—Variety, whether emic or simply Inflammatory.

...ILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and ...ause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cau... and Mode of De...

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Patrick J. Doran

Died at Town Mt Hope Retreat County Balto. MARYLAND

Date 1896 Month 12 Day 28 | Age Y. 38 M. D. | Native of | Occupation Engineer

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary Paresis 12 12 45 | How long sick

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Frank J. Flannery

Address Mt. Hope Retreat

Must be signed by physician, if any in attendance, otherwise [redacted] coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Jas. T. Dorman Sr

Died at Town: Overlea County: Balto MARYLAND

Date 1898 Month: Dec Day: 3d | Age Y. 74 M. 11 D. 7 | Native of Baltimore | Occupation Ship Builder

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ Widower Divorced | Number of children living 4

Husband ~~Wife~~ of Mary A Spencer

Father's Name Wm Dorman | Mother's Name Eliza Dorman

Cause of Death — Primary: Hypertrophy of the Heart | How long sick 1 year

Immediate: Cardiac Syncope | Accident, Suicide, ~~Homicide~~

Reported by Dr. F. L. Mitchell

Address Verona, Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name in Full Caleb J. East

Certificate of Death

Died at Town Rockdale County Balto MARYLAND

Date 189 8 Month 12 Day 14 | Age Y. 63 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Balto. Ice Union 12-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Sarah Jane Erdman

Died at Town Blair Road County Baltimore MARYLAND

Date 189 8 Month 12 Day -21 | Age Y. 2 M. -2 D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 72

Cause of Death { Primary Acute Croupous Pneumonia | How long sick 2 days

Immediate Asthenia | Accident, Suicide, Homicide

Reported by J. F. Martenet M.D.

Address 1701 N. Caroline St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66968

Name in Full: Eula E. J. Evans

Certificate of Death

Died at Town: Govanstown County: Balto. MARYLAND

Date 1898 Month 12 Day 30 | Age Y. 5 M. D. | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary Typhoid Fever 1 | How long sick

Immediate Convulsions | Accident, Suicide, Homicide

Reported by E. Duncan

Address Govanstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Mary Francis Evertt. Certificate of Death

Died at Town Granite County Baltimore MARYLAND

Date 189 8 Month Dec Day 27th Age Y. 4 M. 9 D. Native of Md. Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Walter E. Evertt. Mother's Name Lou. E. Evertt.

Cause of Death Primary Pneumonia '72 How long sick 3 days.

Immediate Convulsions + Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Wm. W. Ward. A. B. M. D.

Address Granite. Balto Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full S. Mary Feser

Certificate of Death

Died at Town Highlandtown County Baltimore MARYLAND

Date 1898 Month 12 Day ~~26~~ 5 Age Y. 57 M. D. Native of Germany Occupation Sister de Notre Dame

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Pneumonia 72 How long sick 5 days.

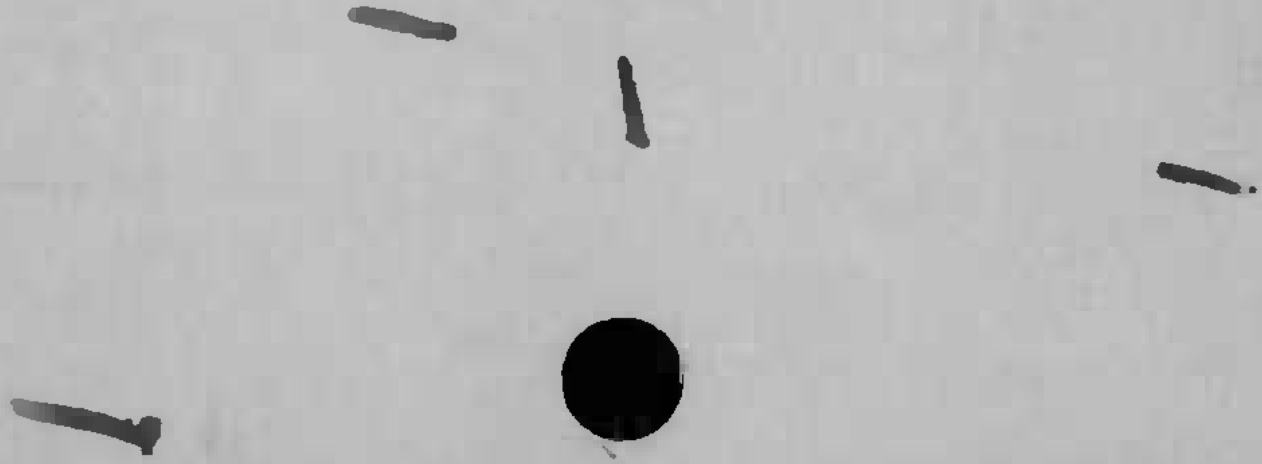
Immediate Asphyxia ~~Accident, Suicide, Homicide~~

Reported by

Address A. S. Warner M.D. 1120 Highland Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full August Fleigh

Certificate of Death

Died at Town Owings Mills County Baltimore MARYLAND

Date 189 8 Month 12 Day 3 Age Y. 74 M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name

Mother's Name

OVER

Cause of Death: Primary — Old age 141 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by W. M. Slade, M.D.

Address Reisterstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79708

The undertaker was _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate re-

ceived from _____

of _____

Name in Full: Jno Freeland

Certificate of Death

Died at Town: Texas County: Baltimore MARYLAND

Date 1898 Month: Dec. Day: 23 Age Y. 10 M. D. Native of: Md. Occupation: none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

Husband / Wife of

Father's Name: Jno Freeland Mother's Name: Rose Freeland

Cause of Death: Primary: Diphtheria 8a How long sick: 2 weeks

Immediate: Cardiac paralysis Accident, Suicide, Homicide

Reported by: B. F. Bursey M. D.

Address: Texas Md.

Must be signed by physician, if any in attendance, otherwise by c[illegible]ner, undertaker or minister.

LIBRARY BUREAU, 79706

HEALTH DEPAR[illegible]

[illegible]it No. A 4541 Office of Reg[illegible]

The Physician who attended any person in a last illness is responsible for the pr[illegible]icate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 31st 1898

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Alfred Garrison

~~*Sex,*~~ *Male* ~~*or Female*~~, (Cross out the words not required in this line.)

Age, 55 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married, Single, Widow or*~~ *Widower,* (Cross out the words not required in this line.)

Occupation, Stevedore

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Virginia

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, (Give Street and Number.) Bay View Asylum (Insane Dept.)

Cause of Death, First (Primary) Apoplexy
Second (Immediate) Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 2 1899

Undertaker, H Ross

Place of Business, 609 Little Pacast

R E Garrett M. D.,
Medical Attendant.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Epide... simply inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

...ITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Bertha Geary,

Died at Town: Dickeyville County: Balto MARYLAND

Date 1898 Month: Dec Day: 30th | Age Y. 18 M. yrs D. | Native of America | Occupation wife

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Guy Geary,

Father's Name Joseph Shipley, Mother's Name Shipley,

Cause of Death: Primary Grippe, How long sick 2 weeks,

Immediate Typhoid Fever,

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr George H Earhart,

Address Dickeyville Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mrs. Barbara Gist

Died at 5th Dist. near Hampstead (Town) Baltimore (County) MARYLAND

Date 189 8 | Month 12 Day 22 | Age Y. 80 M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Mordecai Gist

Father's Name | Mother's Name

Cause of Death: Primary | How long sick

Immediate | Accident, Suicide, Homicide

161

Reported by Dem. Tomson

Address 12-31st

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Grace Methodist Ch.
near Hampstead

Name in Full — Certificate of Death

Anna Lee Golder

Died at Town: Woodbrook — County: Balto. — MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
8	12	17	Age 30				

~~Male~~ / Female — White / Colored — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living

~~Husband~~ / Wife of G. Lawrence Golder

Father's Name Alexius J. Certin — Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Emmitsburg Chronicle 12-23

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or miniater.

LIBRARY BUREAU, 79706

Name in Full | Certificate of Death

George Edward Gordon

Died at Town: Towson County: Baltimore MARYLAND

Date 1898 Month: Dec Day: 15 Age Y.: – M.: 5 D.: – Native of: County Occupation: infant

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living one

Husband of Wife

Father's Name: Albert Gordon Mother's Name: Priscilla

Cause of Death: Primary / Immediate: Dont know 161

How long sick, from birth

Accident, Suicide, Homicide

Reported by: Benj Hicks Undertaker

Address: Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. no doctor

of

Seen by Coroner no coroner

of

Information contained in this certificate received from Parents of child

of at Tucson

Attention of Physicians is respectfully invited to t[illegible]s below, and to List of Diseases on back of

HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A [illegible] **Office of Registrar of Vital Statistics.** Ward [illegible]

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *acc[illegible] / out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12-26-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} John Gorman

Sex, Male or ~~Female~~, {Cross out the words not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Machine Carpenter

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore -

Duration of Residence in the City of ~~Baltimore~~, — —

Place of Death, {Give Street and Number.} B.W. Asylum

Cause of Death, First (Primary) Chronic Nephritis -

Second (Immediate) Uremic Coma

Duration of Last Sickness, — — — —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 29th 98

Undertaker, John H. Cook.

Place of Business, 1500 W Balto

Lee Cohen M. D.,
Medical Attendant.

Address B.W. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Adultr... ...es of De

Enum...at ...he Flow.

...M—Mode of Death.

SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full: Stephen D. Graffin — Certificate of Death

Died at Town: Primrose — County: Balto. — MARYLAND

Date 189 8 — Month: 12 — Day: 29 — Age: Y. 82 M. D. — Native of — Occupation: merchant

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ — Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death — Primary: Apoplexy — Immediate: Coma — How long sick: 3 weeks

Accident, Suicide, Homicide

Reported by Henry Chandlee

Address 704 North Ave. Bt.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full: Jno. R. Green

Certificate of Death

Died at Town: Reisterstown County: Baltimore MARYLAND

Date 189 8 Month: Dec. Day: 20 | Age Y.: 73 M.: D.: 6 | Native of: Ca | Occupation: Painter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | ~~Divorced~~ | Number of children living: Five

Husband ~~Wife~~ of Mary Jane Green

Father's Name: X Mother's Name: X

Cause of Death — Primary: 89 | How long sick: Two or three years

Immediate: Paralysis of Bowels | Accident, Suicide, Homicide

Reported by: J. M. Slade

Address: Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Wm. W. Guest

Certificate of Death

Died at Town Sheppard & Enoch Pratt Hos. County Baltimore MARYLAND

Date 189 8 Month 12 Day 18 Age Y. 32 M. D. Native of Md. Occupation Merchant

Male White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Paresis 46 How long sick 2 years

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Edward N. Brush, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

...fully invited to the Remarks below, and to List of Diseases on ba...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A ..... **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of s... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

BA Co.

Date of Death, 12-20-98

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Wm. H. Harley

Sex, Male or ~~Female~~, (Cross out the words not required in this line.)

Age, 59 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, Painter

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Pa.

Duration of Residence in the City of Baltimore, 20 yrs -

Place of Death, (Give Street and Number.) B. V. Asylum

Cause of Death, First (~~Primary~~ immediate) Bronchial Pneumonia

Second (~~Immediate~~ Primary) Cerebral Hemorrhage

(I)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Dec. 22th 1898

Undertaker, Philip Englert

Place of Business, 244 S. Wolfe St.

Lee Cohen M. D.,
Medical Attendant.

Address B. V. Asylum

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Enumerated Below.

...SM—Mode of Death.

...L SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

...CER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Joseph Harris

Certificate of Death

Died at Town Ridge County Baltimore MARYLAND

Date 189 8 Month Dec Day 21 Age Y. 44 M. D. Native of Maryland Occupation Tobacco

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Ephriam Harris Mother's Name Mary Harris

Cause of Death Primary X 22a How long sick Three years

Immediate Consumption Accident, Suicide, Homicide

Reported by Edwin D. Selby Undertaker

Address Reisterstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069

Modern.

Name in Full

Certificate of Death

Jas. G. Harwood —

Died at Town Arbutus County Baltimore MARYLAND

Date 1898 Month Dec. Day 5th | Age Y. 27 M. — D. | Native of Maryland | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of X

Father's Name Jas. Harwood Mother's Name 142 E.

Cause of Death: Primary Pistol shot — How long sick —

Immediate Cerebral hemorrhage ~~Accident~~, Suicide, ~~Homicide~~

Reported by M. R. Earechoan

Address Elk Ridge, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Lolla Virginia Hawkins

Died at Town: Parkton County: Balt — MARYLAND

Date 189 8 Month: 12 Day: 15 | Age Y. 21 M. 10 D. 6 | Native of Md | Occupation Dress Maker

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband ~~Wife~~ of

Father's Name E. C. Hawkins

Mother's Name Jennie Hawkins

OVER

Cause of Death: Primary — Typhoid Fever — How long sick 11 days

Immediate — Meningitis — Accident, Suicide, Homicide

Reported by B. F. Norris M. D.

Address Parkton Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full Kate Hedgeman

Certificate of Death

Died at Town Mr. Winans County Balto. MARYLAND

Date 189 8 Month 12 Day 21 Age Y. 49 M. D. Native of Occupation

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ ~~Wife~~ Wife of James Hedgeman

Father's Name Mother's Name

Cause of Death Primary Marasmus 167 How long sick Several months

Immediate Accident, Suicide, Homicide

Reported by Hercules Ross, undertaker

Address 609 Little Sacast

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

J. M. Taylor,
Mt. Winans, Md.

Name in Full | Certificate of Death

L. M. Henderson

Died at Town Pikesville County Balto — MARYLAND.

Date 189 8 Month Dec. Day 24 | Age Y. 54. M. — D. — | Native of Md | Occupation Old Soldier

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband of Wife —

Father's Name — | Mother's Name —

Cause of Death: Primary — 69 | How long sick

Immediate Bronchitis | ~~Accident, Suicide, Homicide~~

Reported by C. H. Kraft Undertaker

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

D. Certificate filed with Health Board.

Name in Full — Mary Bartol — Certificate of Death

Mrs. Charles Hitchcock

Died at — Town: Walbrook — County: Baltimore — MARYLAND

Date 189 F — Month Day: 12-6 — Age: Y. 58+ M. D. — Native of — Occupation

~~Male~~ Female — White — ~~Colored~~ — ~~Married~~ — ~~Single~~ — Widow — ~~Widower~~ — ~~Divorced~~ — Number of children living 1

~~Husband~~ Wife of Charles Hitchcock (deceased)

Father's Name: George Bartol — Mother's Name:

Cause of Death — Primary: 161 — How long sick:

Immediate: — Accident, Suicide, Homicide:

Reported by: Register Intelligencer

Address: Belair. 12-9

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Revs Dr. R. H. Williams of Balto.
& H. F. Waldo of Havre de Grace

Name in Full Christian Hoffman

Certificate of Death

Died at Town Cockeysville County Balto. MARYLAND

Date 189 8 Month 2 Day 21 | Age Y. 68 M. D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Heart disease 5-7 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Maryland Journal 12-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66768

HEALTH DEPARTMENT, CITY

Permit No. A..... **Office of Registrar of Vital Statistics.** 1.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Annie Hood

Sex, ~~Male or~~ Female, {Cross out the words not required in this line.}

Age, 49 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} Bay View Asylum (Insane Dept)

Cause of Death, (I)
First (Primary) Chr. Nephritis
Second (Immediate) Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical Purposes

Date of Burial, Dec 24-1898

R. E. Garnett M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson.

Place of Business, Health Office

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

JOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

EUI

CER. S. ...ENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

No. A

...ention of Physicians is Respectfully Invited to the R... ..., and to List of Diseases on back of th...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

...mit No. A ..... **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sai... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 9th 1898

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Alfred Hopkins

~~*Sex*~~, *Male* ~~*or Female*~~, (Cross out the words not required in this line.)

Age, 45 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married, Single, Widow or*~~ *Widower,* (Cross out the words not required in this line.)

Occupation, Waiter

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, (Give Street and Number.) Bay View Asylum (Insane Dept.)

(I)

Cause of Death, First (Primary) Syphilitic & Alcoholic Dementia

Second (Immediate) Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Dec 12-98

Undertaker, J. A. Bishop

Place of Business, 1005 D Hill Ave

R. E. Garrett M. D.,
Medical Attendant.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

lowing Additional Infor. ated Below.

RISM—Mode of Death.

R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Patrick Hyland

Certificate of Death

Died at Town Balto. Co. County Alms House MARYLAND

Date 189 8 Month 12. Day 25 Age Y. 66 M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Immediate Heart disease

How long sick

Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Patrick Hyland

Certificate of Death

Died at Town Texas 8th Dist County Baltimore MARYLAND

Date 189 8 Month 12 Day 25 Age Y. 65 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living 2

Husband of Wife

Father's Name

Mother's Name 57

Cause of Death Primary Heart disease (?) How long sick

Immediate Accident, Suicide, Homicide

Reported by Dim. Fowson

Address 12-31

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

No. ...

...spectfully Invited to the Remarks below, and to List of Diseases on ba...

...T DEPARTMENT, CITY OF BALTIMORE.

...54 **Office of Registrar of Vital Statistics.** Ward ...

...n who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately* ...he undertaker or other person superintending the burial, within *twenty-four hours* after the death of said sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12-19-98

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) John Johnson

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 33 *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Labour

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Virginia

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, (Give Street and Number) B.V. Asylum

Cause of Death, First (Primary) Pott's Disease

Second (Immediate) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, King William Co Va

Date of Burial, Dec 21

Undertaker, William Sartner

Place of Business, 1036 Eastern

Lee Cohen M. D.,
Medical Attendant.

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ional In

Enumerated Below.

...EURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Ca...

NECROSIS—Seat. Cause and ...

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Thos. Kelly

Certificate of Death

Died at Texas Town County Balto. MARYLAND

Date 189 8 Month 12 Day 19 | Age Y. 79 M. D. | Native of | Occupation

Male ~~Female~~ | White Colored | ~~Single~~ Married Widow Widower Divorced | Number of children living 6

Husband of
Wife

Father's Name | Mother's Name

Cause of Death { Primary Heart Trouble 5-7 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Maryland Journal 12-24.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

John Kittler

Certificate of Death

Died at Town Ocean County Baltimore MARYLAND

Date 1898 Month 12 Day 1 Age Y. 72 M. D. Native of Germany Occupation Cooperer

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

Husband ~~Wife~~ of Sarah Kittler

Father's Name

Mother's Name

Cause of Death: Primary Brights. Immediate Euremia.

How long sick 8 months

~~Accident, Suicide, Homicide~~

Reported by F. B. Osring

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Health Department,

Permit No. A 4540 Office of Registrar

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 29th 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Lewis Kirchmayer

Sex, Male ~~*or Female*~~, {Cross out the words not required in this line.}

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} West Port Baltimore County

Cause of Death, First (Primary),

Second (Immediate), Accidental Drowning

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Dec 31 1898

Undertaker, Mrs Jos B Cook John. P. James, coroner ~~M.D.~~, Medical Attendant.

Place of Business, 100 3rd Balto Cy *Address,* Mt Winans Baltimore County

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

CHILDBIRTH—Circumstances pro[illegible]ing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

[illegible]ITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full | Certificate of Death

Simon Knauer

Died at Town: Putty Hill | County: Balto. | MARYLAND

Date 1895 | Month: Dec. | Day: 30 | Age Y. 41 M. 9 D. 5 | Native of: Germany | Occupation: Potter

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 4

Husband ~~Wife~~ of Annie Nutzel

Father's Name: Stephen Knauer | Mother's Name: Do not know.

Cause of Death: Primary: Phthisis 22A | How long sick: About 18 Mos.

Immediate: Failure of Vital Forces | ~~Accident, Suicide, Homicide~~

Reported by: Drs. A. X. Whiteford & Son (Leigard Whiteford Mr.)

Address: Parkville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

[Form

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ... Certificate.

Health Department, City of Baltimore,

Permit No. A ..... Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Dec. 26th 1898

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Absalom Isadore Kraft

Sex, Male ~~or Female~~, (Cross out the words not required in this line.)

Age, — *Years,* 3 *Months,* 14 *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.) —

Occupation,

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Balto Co

Duration of Residence in the City of Baltimore, —

Place of Death, (Give Street and Number.) Edmonson ave Balto Co.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Dec 27 1898

Undertaker, Mrs Jos. B Cook

Place of Business, 1003 W Balto St

Jno. G. Holliday M.D., Medical Attendant.

Address, 714 Freak ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

Enumerated below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Absalom Isadore Kraft.

Died at — Town: Edmonson Ave. — County: Baltimore — MARYLAND

Date 189 8 — Month: 12 — Day: 26 — Age: Y. 3 M. 14 D. — Native of: Md. — Occupation:

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name — Mother's Name

Cause of Death — Primary: Pneumonia 72 — How long sick: 1 week

Immediate — Accident, Suicide, Homicide

Reported by: John G. Holliday, M.D.

Address: 714 Fred. Ave.

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Francis Beaston Laurenson

Died at Town: Letterlouna" County: Baltimore MARYLAND

Date 189 8 Month 12 Day 25 Age Y. 80 M. 4 D. 15 Native of Md Occupation None

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 7

Husband ~~Wife~~ of Elizabeth-Maxwell Carroll

Father's Name Phillip Laurenson Mother's Name

Cause of Death: Primary Heart. disease 57 How long sick 8 wells

Immediate Heart-failure Accident, Suicide, Homicide

Reported by H Louis Naylor

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79706

Name in Full E Webster Lee

Certificate of Death

Died at Town Rider County Balto MARYLAND

Date 1898 Month 12 Day 25 Age Y. 43 M. D. Native of 1 Occupation B. R. Agt

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living Two

Husband of Wife

~~Father's Name~~ dead ~~Mother's Name~~ dead.

Cause of Death: Primary Acute Brighter 96 — How long sick Two months.

Immediate Uraemic Coma — ~~Accident, Suicide, Homicide~~

Reported by H. Burton Stevenson Wmds

Address Rider. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

...spectrally Invited to the Remarks ..., and ...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

...rmit No. A ..... **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of ... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12-17-98

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Henry Lightner

Sex, Male or ~~Female~~, (Cross out the words not required in this line.)

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, Laborer

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Virginia

Duration of Residence in the City of Baltimore, 19 yrs —

Place of Death, (Give Street and Number.) B.V. Asylum

Cause of Death, First (Primary) Chron. Interstitial Nephritis

Second (Immediate) Exhaustion —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, National Cem

Date of Burial, Dec 19th 98

Undertaker, Sam'l H Case

Place of Business, 41 S. Howard St

Lee Cohen M. D.,
Medical Attendant.

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

...merated Below.

...RISM—Mode of Death.

R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-...RITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Catherine Litmer

Certificate of Death

Died at Lochearn (Town) P.O. (County) Baltimore MARYLAND

Date 189 F Month 12 Day 20 | Age Y. 53 M. 9 D. 20 | Native of Germany | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary La Grippe 9 | How long sick

Immediate Pul. Congestion + Pneumonia | Accident, Suicide, Homicide

Reported by Frank J. Flannery, M.D.

Address Mr. Hope Retreat, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Christina Loeber — Certificate of Death

Died at ~~Town~~ Canton — County Baltimore — MARYLAND

Date 189 5 Month 12 Day 10 | Age Y. 5 M. D. | Native of | Occupation

Male / Female — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living

Husband / Wife of

Father's Name Rudolph Loeber — Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, ~~Suicide, Homicide~~

Reported by Mrs Annual Gross

Address 12-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Frederick Luhrman,

Died at — Town: Lauraville. — County: Balto. — MARYLAND

Date 1898 — Month: Dec. — Day: 24 — Age: Y. 64 M. 2 D. 28 — Native of: Pa. — Occupation: Gardner

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — ~~Single~~ — Widower — Number of children living 1

Husband ~~Wife~~ of Dollie Bauer

Father's Name: Henry Luhrman — Mother's Name: Elizabeth Seiling

Cause of Death — Primary: Chronic Gastric Catarrh & Complications. — How long sick: Last illness 5 days

Immediate: Exhaustion. 81 — ~~Accident, Suicide, Homicide~~

Reported by: Lingard I. Whiteford M. D. (Drs. A. X. Whiteford & Son)

Address: Rankville, Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU; 79708

Name in Full | Certificate of Death

& Wm. A. McCann

Town | County

Died at Mt Washington Balto MARYLAND

Date 1898	Month Dec.	Day 15	Age Y. 69 M. — D.	Native of Md.	Occupation .

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband / Wife of Mrs. McCann

Father's Name — Mother's Name —

Cause of Death: Primary Prostitis 104 — How long sick .

Immediate Old age & general debility — Accident, Suicide, Homicide

Reported by J. S. Bowman M.D.

Address Mt Washington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full — Certificate of Death

Thos. Bridget M. McCormick

Died at Town: Franklin Road — County: Balto. — MARYLAND

Date 189 8 — Month Day: 12 - 13 — Age: Y. 77 M. D. — Native of: Ireland — Occupation:

~~Male~~ — White — ~~Married~~ — Widow — ~~Divorced~~

Female — ~~Colored~~ — ~~Single~~ — ~~Widower~~ — Number of children living 5

~~Husband~~ of Wife: Laurence McCormick

Father's Name — Mother's Name: 161

Cause of Death — Primary: Complication of Diseases — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Md Journal Forum

Address: 12-17

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full | Certificate of Death

Charles McHoy

Died at (Town) violet ville (County) Baltic county MARYLAND

Date 1898. (Month) dec (Day) 22 | Age (Y. M. D.) 2 years | Native of | Occupation

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

~~Female~~ | ~~Colored~~ | Single | ~~Widower~~ | ~~Number of children living~~

Husband / Wife of

Father's Name Chas McHoy | Mother's Name 8a

Cause of Death: Primary Diphtheria | How long sick 4 das.

Immediate Strangulation | Accident, Suicide, Homicide

Reported by Robt Brooks & Co

Address 1801 Hollins st

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Dr. J. B. Joyce
2030 W. Baker St.
Complete.

Name in Full

Certificete of Death

Sarah Mc Nulty.

Died at Town: Sparrows Point County: Balto. MARYLAND

Date 189 5 Month: 12 Day: 27 | Age Y. 85 M. D. | Native of Ireland | Occupation Housewife.

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living Six

~~Husband~~ Wife of Patrick Mc Nulty.

Father's Name Thomas Dacey | Mother's Name Julia Dempsey

Cause of Death: Primary Pneumonia. 72 | How long sick Seven days

Immediate Exhaustion. | Accident, Suicide, Homicide

Reported by Frank le Eldred M.D.

Address Sparrows Point.

Must be signed by physician, if any In attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full — Certificate of Death

Patrick McSherry

Died at Town: Mt. Hope — County: Baltimore — MARYLAND

Date 189 5 — Month/Day: 12 - 7 — Age: Y. 66 (about) M. D. — Native of: Ireland — Occupation: Laborer

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — Divorced / Number of children living

Husband / Wife of

Father's Name

Mother's Name 46

Cause of Death — Primary: Mania Senile Pericerebral Softening

Immediate: Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by Frank J. Flannery, M.D.

Address Mt. Hope Retreat, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65065

Name in Full Mary E. Markley

Certificate of Death

Died at Town Canton County Balto MARYLAND

Date 1898 Month Dec Day 23 Age Y. 8 M. D. Native of US. Occupation —

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name George Markley Mother's Name Maggie Markley

Cause of Death Primary Appoplexy — How long sick 2 day

Immediate Accident, Suicide, Homicide

Reported by C.N. Whitney

Address 2. Hudson St Ex X —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

...icians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Cer

Health Department, City of Baltimore,

Permit No. A..... Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 22 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Alexander H Macpherson

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} M

Age, 46 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Stafford & Enoch Pratt Hospital

Cause of Death, First (Primary), Chronic Peritonitis

Second (Immediate), Abscess & perforation of intestine

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Dec 26th

Undertaker, Henry Schaefer

Place of Business, 316 Fremont Ave

Edmund A Buck M.D.,
Medical Attendant.

Address, Stafford Ft Tavern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

ne Following Additional Information is Requested in Relation

Enumerated Below.

NEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety aud Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Alexander A. MacPherson

Died at Town Sheppard & Enoch Pratt Hsp. County Baltimore MARYLAND

Date 189 8 Month 12-22 Day Age Y. 46 M. 7 D. Native of Md. Occupation Merchant

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name ??

Cause of Death { Primary Chronic Peritonitis How long sick

Immediate Abscess & perforation of intestine Accident, Suicide, Homicide

Reported by Edward N. Brush M.D.

Address Sheppard Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

Hannah V. Martin

Died at Town: Sparrow's Point — County: Baltimore — MARYLAND

Date 189 F — Month: 12 — Day: 22 — Age: Y. 5 M. D.

Native of — Occupation

~~Male~~ — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

Female — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Teething — 49 — How long sick: 1 or 3 hrs.

Immediate: Convulsions — Accident, Suicide, Homicide

Reported by: Jos. Stoddard

Address: Sparrow's Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name in Full

Certificate of Death

Jannie Augusta Mays.

Died at Town: Hereford County: Baltimore MARYLAND

Date 1895 Month: Dec Day: 17 | Age Y.: 47 M.: 4 D.: 28 | Native of: Maryland | Occupation: Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living: 5

~~Husband~~ Wife of: Oliver F Mays

Father's Name: George James

Mother's Name: Johanna James

Cause of Death — Primary: La Grippe (Malignant) — How long sick: 10 days

Immediate: Heart Failure 9

~~Accident, Suicide, Homicide~~

Reported by: A. R. Mitchell M.D.

Address: Hereford Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

...ENT, CITY OF BALTIMORE.

...nt No. A ..... **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12-23-98

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Ephriam Medley

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 22 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, Waiter

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Mary Land

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, (Give Street and Number.) B.V. Asylum

(I) *Cause of Death,* First (Primary) Phthisis Pulmonalis

Second (Immediate) Exhaustion

Duration of Last Sickness, — — —

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for anatomical purposes

Date of Burial, Dec 25-1898

Lee Cohen M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson.

Place of Business, Health office

Address B.V. Asylum

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

RISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

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FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

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INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METR...

NECROSIS—Seat. Cause ... Death.

OVARIAN TUMOR—Mode of Death.

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PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Elsie H. Meyer

Died at Town: Conlon — County: Balto — MARYLAND

Date 189[illegible] Month: Dec Day: 16 | Age Y.: 49 M.: D.: | Native of: Germany | Occupation: —

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — Divorced

Number of children living 4

~~Husband~~ / Wife of John L Meyer.

Father's Name — Mother's Name

Cause of Death — Primary: Pneumonia — How long sick 9 days

Immediate: Exhaustion — Accident, Suicide, Homicide

Reported by C. N. Athey, M.D.

Address 2. Hudson St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full — Martha Mitchell — Certificate of Death

Died at Town: Mr. Hope Retreat — County: Baltimore — MARYLAND

Date 189 8 — Month 12 — Day 25 — Age Y. 53 (about) M. D. — Native of Md. — Occupation Housekeeper

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — Divorced — Number of children living

Husband / Wife of

Father's Name — Mother's Name 46

Cause of Death — Primary: Mania Chronic — How long sick

Immediate: Tuberculosis & exhaustion — Accident, Suicide, Homicide

Reported by L. Frank Flannery

Address Mr. Hope Retreat, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full

Certificate of Death

Geo. W. Mumma

Town County

Died at Alms House Balto. Co MARYLAND

Date 1898 Month 12. Day 26 | Age Y. 62. M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate } Pulmonary Tuberculosis

How long sick

Accident, Suicide, Homicide

Reported by J. C. Bussey

Address Lexas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full Edward Murphy

Certificate of Death

Town

County Balto

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189	12	20	Age			

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate } 161

How long sick

Accident, Suicide, Homicide

Reported by Maryland Journal 12-24

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55P8A

Rev. M. O. Keefe.
Buried in St. Mary's Cemetery, Govans-
town.

Name in Full Henry Ostheim

Certificate of Death

Died at Town Sweet Air County Balto. MARYLAND

Date 189 8 Month 12 Day 26 Age Y. 77 M. D. Native of Germany Occupation Shoe-maker

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living X 3

Husband ~~Wife~~ of Mary Horr

Father's Name

Mother's Name

Cause of Death { Primary Progressive Paralysis

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Regis & Intelligencer 12-30

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

...of Physicia... respectfully invited to th... ..., and to List of Diseases on b...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

No. A 4493 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, 12-31-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Addie Owens

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 61 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give Street and Number.} B. V. Asylum

Cause of Death, First (Primary) Chronic Nephritis

Second (Immediate)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hosp for Academic purposes

Date of Burial, Dec 31 - 1898

Lee Cohen M. D.,
Medical Attendant.

Undertaker, E. H. Stevenson

Place of Business, Health office

Address B. V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Below.

RISM—Mode of Death.

R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Annie Parsons.

Died at Town Orangeville County Balto Md MARYLAND

Date 1898. Month Dec Day 18th Age Y. 2, M. D. Native of Md Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name Author Parson

Mother's Name Annie Parsons.

Cause of Death Primary Pneumonia 72

Immediate Congestion of Lungs.

How long sick 3 days.

~~Accident, Suicide, Homicide~~

Reported by J C Schofield MD

Address 432 Phila Road Balto Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full

Certificate of Death

Margaret Prim

Town

County

Died at Waverly

MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	12	21	80			Md	—

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~

Number of children living 2

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: La Grippe

Immediate: Heart failure

How long sick: 3 days

Accident, Suicide, Homicide

Reported by St Louis Naylor

Address Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78708

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases &c.

Health Department, City of Baltimore,

Permit No. A..... Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec 27

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Elenora Reiche

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 906. Clinton St

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Exhaustion

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Greenden Park

Date of Burial, Dec 31. 98

Undertaker, J. Henry Gen J C Bruch *M.D.,*

Medical Attendant.

Place of Business, 2108 Orleans *Address,* 571 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

... of Death

Enumerated Below.

...ism—Mode of Death.

Cer. Spinal Meningitis—Variety, whether Epidemic or simply Inflammatory.

Childbirth—Circumstanees produeing Death.

Cancer—Variety and Seat.

Calculus—Mode of Death.

Dentition—Mode of Death.

Disease of Heart—Variety. Valves involved.

Dropsy—Variety and Cause.

Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.

Erysipelas—Seat and Cause.

Fractures—Cause and Mode of Death.

Gangrene—Seat and Cause.

Gastritis—Cause.

Hernia—Variety and Mode of Death.

Insanity—Variety and Mode of Death.

Jaundice—Cause and Mode of Death.

Mania, Acute—Cause and Mode of Death.

Miscarriage—Cause and Mode of Death.

Malignant Pustule—Loeation and Cause.

Malformation—Variety.

Metritis—Variety and Cause.

Necrosis—Seat. Cause and Mode of Death.

Ovarian Tumor—Mode of Death.

Paralysis—Variety and Cause.

Peritonitis—Cause.

Phlebitis—Cause.

Pyaemia—Cause. Nature of Injury, if any.

Premature Birth—Cause. Fœtal age.

Preternatural Birth—Manner of.

Syphilis—Variety. Chief Loeation and Mode of Death.

Tetanus—Naturc of Injury, if any.

Ulcer—Nature. Chief Location and Mode of Death.

Wounds—Cause, Variety, Seat and Mode of Death.

Abscess—Cause, Location and Mode of Death.

Specify every Surgieal Operation with fatal result.

Mention Intemperance whenever recognized as having produeed or eomplicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full: B. V. Richardson

Certificate of Death

Died at Town: Govanstown County: Baltimore MARYLAND

Date 189 F Month 12 Day 27 Age Y. 26 M. D. Native of Occupation: Clerk

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband / Wife of

Father's Name: B. V. Richardson Mother's Name: Martha

Cause of Death: Primary: Double pneumonia 72 How long sick: 5 days.

Immediate: Coma Accident, Suicide, Homicide

Reported by: Dr. P. H. Reiche,

Address: Waverly, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65888

Name in Full: Charles J. Riddle

Certificate of Death

Died at — Town: Fork — County: Balto Co Md — MARYLAND

Date 1898 — Month: 12, Day: 21 — Age: Y 76 M. D — Native of: Balto Co — Occupation: Farmer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living: 2

Husband ~~Wife~~ of: Louisa Riddle

Father's Name: John Riddle — Mother's Name: Sarah Riddle

Cause of Death — Primary: Griffie 9 — How long sick: 3 days

Immediate: heart failure — ~~Accident, Suicide, Homicide~~

Reported by: J. F. H. Gorsuch M.D.

Address: Fork Md —

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79706

Name in Full

Margaret Ruder

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 8 Month Dec Day 30 | Age Y. M. D. | Native of | Occupation

Male ~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of —

Wife

Father's Name —

Mother's Name —

Cause of Death: Primary — General Paresis .45 — How long sick 1 yr.

Immediate — Asthenia

Accident, Suicide, Homicide

Reported by J Ruz Ruder

Address Catonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Jennie B. Roach

Died at Town Parkton County Balt MARYLAND

Date 1898	Month Day	Age Y. M. D.	Native of	Occupation
	12-27	2-3-20	Md	—

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced Number of children living

Husband / Wife of — —

Father's Name George W. Roach Mother's Name Lillie Roach

Cause of Death: Primary — Synovitis 14 — How long sick 10 days

Immediate — Leukaemia — ~~Accident, Suicide,~~ Homicide

Reported by B. B. Morris, M.D.

Address Parkton Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full Rachael Robinson

Certificate of Death

Died at Town Luthenville County Baltimore MARYLAND

Date 1898 Month Dec. Day 13

Age Y. 54 M. - D. -

Native of Maryland

Occupation Cook

~~Male~~ Female

~~White~~ Colored

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Ben Robinson

Mother's Name Eliza Robinson

Cause of Death: Primary Apoplexy 42 — How long sick 15 hours

Immediate Paralysis — Accident, ~~Suicide~~, ~~Homicide~~

Reported by J. Chalmers Preston M.D.

Address Luthenville Bl-Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

No. A

...l Attention of Physicians is Respectfully ...ted to the Remarks below, and to List of Diseases on back o...

Health Department, City of Baltimore,

...rmit No. A 4526 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 28 1898

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Eliza Jane Rodewald

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Catonsville

Cause of Death, First (Primary), Hypostatic Pneumonia

Second (Immediate), Failure of Respiration

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Dec 30th 1898

Undertaker, H W Jenkins & Son

Place of Business, Park & Saratoga sts

Alfred T. Gundry M.D., Medical Attendant.

Address, 917 Frederick Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...M—Mode of Death.

...R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Rebecca Laines

Certificate of Death

Died at 718 [illegible] St. Sharon's Point County Baltimore MARYLAND

Date 189 5 Month 12 Day 4 | Age Y. 31 M. D. | Native of Va. | Occupation Household Work

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living

Husband of Wife

Father's Name

Mother's Name 22a

Cause of Death: Primary Phthisis Pulmonalis — How long sick 3 months

Immediate Exhaustion from same — Accident, Suicide, Homicide

Reported by J. C. Schofield

Address 432 Phila. Road.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

The undertaker was _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Raymond H. Schafer

Certificate of Death

Died at Town Violettville County Baltimore MARYLAND

Date 189 8 Month 12 Day 3 | Age Y. 8 M. 1 D. 4 | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 8a

Cause of Death: Primary Malignant Diphtheria How long sick 6 weeks

Immediate Asthenia Accident, Suicide, Homicide

Reported by J. G. & I. H. Linthicum, M.D.

Address 1327 W. Fayette St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

The undertaker was _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full

Certificate of Death

Luther M. Shaefer

Died at Town: Mt. Hope Retreat County: Balto. MARYLAND

Date 189[illegible] Month: 12 Day: 29 | Age Y.: 63 M.: D.: | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name

Mother's ~~Name~~

Cause of Death { Primary: Nephritis | Immediate: Uraemia } 97 | How long sick

Accident, Suicide, Homicide

Reported by Chas. G. Hill

Address Mt. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Evie Scott

Town County

Died at Soldiers Delight Balto MARYLAND

Date 1898 Month 12 Day 21 Age Y. 75 M. D. Native of Balto Co Occupation Mrs

~~Male~~ ~~White~~ ~~Married~~ Widow ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ of Wife

Father's Name X Mother's Name X

Cause of Death { Primary X 141 How long sick

Immediate Old age Accident, Suicide, Homicide

Reported by Edwin D. Selby Undertaker

Address Reisterstown M. D

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Modern,

Physicians is Respo...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Certificate No. A ..... **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Dec. 21-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} John Finn

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Scotland 6 yrs

Duration of Residence in the City of Baltimore, 1 yr & 4 months

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Chronic Bronchitis & Emphysema

Second (Immediate) .....

~~*Duration of Last Sickness,*~~

All the above information should be furnished by the Physician.

Place of Burial, Potter's Physicians Surgeons for Anatomical purposes

Date of Burial, Dec 22-1898

Undertaker, E. M. Stevenson

Place of Business, Health Office

L. E. Cohen M. D.,
Medical Attendant.

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

CRISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Eliza Ann Simpson

Died at Town: Near Maryland Line County: Baltimore MARYLAND

Date 189 8 Month: Dec Day: 1

Age Y. 83 M. 9 D. 8

Native of: Md

Occupation: Housekeeper

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 3

~~Husband~~ Wife of Wm H Simpson

Father's Name: Jacob Gray

Mother's Name: Elizabeth Gray

Cause of Death — Primary: Old age 141 — How long sick: 2 months

Cause of Death — Immediate: Failure of vital forces — ~~Accident, Suicide, Homicide~~

Reported by: Daniel V Moyer MD

Address: Maryland Line Balt Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79PDR

Name in Full

Certificate of Death

J. Kilty Smith

Died at Town: Avalon County: Baltimore MARYLAND

Date 1898 Month: Dec. Day: 28

Age Y. 45 M. 6 D. 22

Native of Maryland

Occupation Coffee Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

~~Husband~~ ~~Wife~~ of Janet Gordon Smith

Father's Name J. Chandler Smith

Mother's Name Matilda F. Smith

Cause of Death: Primary Locomotor Ataxia — How long sick 8 years

Immediate Cerebral Hemorrhage — ~~Accident, Suicide, Homicide~~

Reported by M. R. Eareckson

Address Elk Ridge, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, R5968

Name in Full

Richard Smith

Certificate of Death

Died at Town: Rossville County: Balto Co Md MARYLAND

Date 189 8 Month: Dec Day: 21 | Age Y. 1 M. 4 D. | Native of Maryland | Occupation ———

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband / Wife of ———

Father's Name: Wm Smith

Mother's Name: Ella Smith

Cause of Death — Primary: Measles from 154 — How long sick: about 2 wks

Immediate: Exhaustion — ~~Accident, Suicide,~~ Homicide

Reported by: Johnson Harrison M D

Address: Middle River Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

M. Clara Snyder

Died at Town: Violetsville County: Baltimore MARYLAND

Date 1898 Month: 12 Day: 23 Age Y. 1 M. 10 D. 1 Native of Md Occupation —

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Frank Snyder Mother's Name Clara Snyder

Cause of Death: Primary Diphtheritic Croup — How long sick 5 days

Immediate Convulsions — 36 — ~~Accident, Suicide, Homicide~~

Reported by H B Hall M.D.

Address Mt Winans Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65868

Name in Full | Certificate of Death

not named John

Died at Town: Highlandtown County: Baltimore Co MARYLAND

Date 1898 Month: Dec Day: 5 | Age Y. M. D. | Native of | Occupation

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband / Wife of born at Highlandtown 3 Triblets

Father's Name 2 liveing | Mother's Name and 1 still

Cause of Death: Primary born Father William s Son | How long sick

Immediate Mother Mary s Son | Accident, Suicide, Homicide

Reported by Mrs Betz midwife

Address 315 Gonar st Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Anna L. Solder

Certificate of Death

Died at Town Woodbrook County Baltimore MARYLAND

Date 189 8 Month 12 Day 17 Age Y. 30 M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name 120

Cause of Death Primary Puerperal peritonitis How long sick

Immediate Accident, Suicide, Homicide

Reported by Geo. H. Hocking M.D.

Address Govanstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Rebecca McSellers

Certificate of Death

Died at: Town: Timonium; County: Balto; MARYLAND

Date 1898: Month: Dec. Day: 26 | Age: Y. 83 M. D. | Native of: Balto Co | Occupation:

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Divorced~~ | ~~Widower~~

Number of children living: 1

~~Husband~~ Wife of

Father's Name:

Mother's Name:

Cause of Death: Primary: Malaria 9 | How long sick: 7 days

Immediate: | ~~Accident, Suicide, Homicide~~

Reported by: J. Enos Burns & Son

Address: Towson Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

P. C. I 44

Dr. Bussey, Texas Md

Name in Full — Certificate of Death

James J. Talbott

Died at Town: Parkton, County: Balto. MARYLAND

Date 1895. Month: Dec. Day: 8. | Age Y. 14 M. - D. 16 | Native of Md | Occupation School Boy

Male ~~Female~~ | White ~~Colored~~ | Married ~~Widow~~ Single ~~Widower~~ | ~~Divorced~~ Number of children living

Husband / Wife of

Father's Name Wm. H. Talbott | Mother's Name Lula R. Talbott

Cause of Death — Primary: Enteritis, 16 days | How long sick: Ten days

Immediate: Acute Intestinal Obstruction. | Accident, Suicide, Homicide

Reported by C. W. Leyde M.D.

Address Parkton, Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate received from_____

of_____

Name in Full

Certificate of Death

Gen. Taylor

Town

County

Died at Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Dato 189	12	16	Age 76			

Male ~~Female~~ White Colored Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living 9

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick

Accident, Suicide, Homicide

Reported by Maryland Journal 12-24.

Address

Must be signed by physician, if any in attendance, otherw[illegible]roner, undertaker or minister.

LIBRARY BUREAU; 78706

...on of Physicians is Respectfully Invited to the Remar... List

...ealth Department, City of Ba...

...mit No. A ..... Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of ..., *filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the dea... deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, December 21, 1898.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Edward Thornton,

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, Twenty Eight (28) *Years,* — *Months,* — *Days.*

Color, White.

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Tinner.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Twenty Eight (28) years

Place of Death, {Give Street and Number.} St. Agnes' Hospital,

(I) *Cause of Death,* First (Primary), Pulmonary Tuberculosis,
Second (Immediate), Asthenia.

Duration of Last Sickness, One (1) month.

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetary

Date of Burial, Dec 23, 1898

Undertaker, Daniel Glynn

Place of Business, 42 E. West St

D. F. O'Connor, M.D.,
Medical Attendant.

Address, St Agnes' Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...eraced Below.

...eath.

...INGITIS—Variety, whether ...imply Inflammatory.

BIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Walter M Thompson

Died at Town Highlandtown County Balto MARYLAND

Date 1898 Month Dec Day 22 | Age Y. 1 M. 4 D. | Native of US. | Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Richard A Thompson

Mother's Name Mary Thompson

Cause of Death: Primary Bronchitis & Nephritis — How long sick 3 weeks

Immediate Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by C N Artley MD.

Address 21 Hudson st Ex

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

William A Warner

Died at Town Parkton County Baltimore MARYLAND

Date 189 5 Month 12. Day 11- | Age Y. 25 M. 6 D. 15- | Native of Md | Occupation Telegraph Oper

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ / Widower / ~~Widow~~ / ~~Divorced~~ | Number of children livin Two

~~Husband~~ Wife of

OVER

Father's Name John Warner

Mother's Name Margaret Warner

Cause of Death: Primary Typhoid Fever | How long sick 4th week

Immediate Perforation of Bowel with Peritonitis | ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Dr R. R. Norris

Address Parkton Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Information contained in this certificate received from _____

of _____

_____

of _____

Seen by Coroner _____

of _____

Attended by Dr. _____

of _____

ALTH DEPAR[illegible] [illegible]E.

Office of [illegible] Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12-22-98

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Joseph Washington

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 20 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Porter

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Maryland

Duration of Residence in the City of Baltimore, 3 mo.

Place of Death, (Give Street and Number.) B.V.A.

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, Decr 24-1898

Dee Cohen *M. D.,*
Medical Attendant.

Undertaker, E. M. Stevenson.

Place of Business, Health Office

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

RISM . . C

.R. SPINAL MENINGITIS—Variet.
Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances produeing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

.S—Variety and Cause.

.OSIS—Seat. Cause and Mode of

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Loeation and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produeed or complieated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

...MENT, ... TIMORE.

No. A ..... **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accur... ...led out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of s... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12-18-98

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Waverly Watson

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Porter

Birthplace, {State or County, and how long in the United States, if of foreign birth.} N.C.

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give Street and Number.} B.V. Asylum

Cause of Death, First (Primary) Phthisis Pulm

Second (Immediate) Exhaustion

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, December 20 1898 Lee Cohen M. D.,

Medical Attendant.

Undertaker, [illegible]

Place of Business, 102 E Mulberry St

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

RISM—Mode of Dea

R. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

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GANGRENE—Seat and Cause.

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JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—

NECROSIS—Seat. Caus ode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

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Specify every Surgical Operation with fatal result.

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C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Charles G. Theuler

Died at Town: Butler — County: Balto. — MARYLAND

Date 189 — Month: 12 — Day: 24 — Age: Y. 86 M. D. — Native of — Occupation

Male ~~Female~~ — White — Colored — Married — ~~Single~~ — Widow — Widower — Divorced — Number of children living 7

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary — Paralysis — 44 — How long sick

Immediate

Accident, Suicide, Homicide

Reported by Maryland Journal 12-31

Address

Must be signed by physician, if any in attendance, otherwise [illegible] coroner, undertaker or minister.

LIBRARY BUREAU. 65765

Name in Full Sarah Whitmore

Certificate of Death

Died at Town Dickeyville County Balto MARYLAND

Date 1898 Month Dec Day 21st Age Y. 34 M. yrs D. Native of America Occupation Wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Joshua Whitmore

Father's Name — Mills Mother's Name — Mills

Cause of Death Primary P

Immediate Pneumonia 72

How long sick 10 days.

Accident, Suicide, Homicide

Reported by Dr George J. Eberhart.

Address Dickeyville Balto Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

...tention of Physicians is R... pe...

HEALTH DEPART... OF BAL... ORE.

No. A ..... **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accura... filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of sa... deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, December 22nd 1898

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) John Wesley Williams

~~*Sex,*~~ *Male* ~~*or Female*~~, (Cross out the words not required in this line.)

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, Black

~~*Married, Single, Widow*~~ *or Widower,* (Cross out the words not required in this line.)

Occupation, Driver

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Maryland

Duration of Residence in the City of Baltimore, 65 Years

Place of Death, (Give Street and Number.) Bay View Asylum (Insane Dept)

Cause of Death, First (Primary) Lobar Pneumonia
Second (Immediate) Asthenia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, Dec 24-1898

Undertaker, E. M. Stevenson.

Place of Business, Health Office

R. E. Garrett M. D.,
Medical Attendant.

Address Bay View Asylum.

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KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

Information is Requested in Relation to the Causes of Enumerated Below.

TRISM—Mode of Death.

ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

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FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Natnre of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

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TETANUS—Nature of Injury, if any.

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Specify every Surgical Operation with fatal result.

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C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Herman F. Hirsing

Town

County Balto

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189 8	12	11	Age 46			

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of Rosa J. ——

~~Wife~~

Father's Name

Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Balto Co. Aurora 12-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full — Certificate of Death

Edward Clarence Wright

Died at Town: Guilford Estate — County: Baltimore — MARYLAND

Date 189 8 Month 12 Day 11 — Age Y. 20 M. 1 D. 18 — Native of Md. — Occupation Cutter

Male — White — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — ~~Colored~~ — Single — ~~Widower~~ — ~~Number of children living~~

Husband of Wife

Father's Name — Mother's Name

Cause of Death — Primary: Pulmonary Tuberculosis — How long sick: 9 mos.

Immediate: Haemoptysis 2 2 0 — Accident, Suicide, Homicide

Reported by: D. Purnell F. Sappington,

Address: Govanstown, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

John H. Wright

Died at Town Stablersville County Balto. MARYLAND

Date 189 8 Month 12 Day 18 Age Y. 79 M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband ~~Wife~~ of — Herbert

Father's Name

Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 1223

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706